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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. KOSTER-02

First Inventor Koster 5

Anastomosis Device and Method 7

Title FW 024838332

EV 024838332 Express Mail Label No. (Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: Box Patent Application Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) [Total Pages Specification 3 X Computer Readable Form (CRF) - Descriptive title of the invention b. Specification Sequence Listing on: - Cross Reference to Related Applications CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, i i. 🔲 paper or a computer program listing appendix - Background of the Invention Statements verifying identity of above copies - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) Power of 37 CFR 3.73(b) Statement - Abstract of the Disclosure 10. (when there is an assignee) Attorney 3 English Translation Document (if applicable) 4. X Drawing(s) (35 U.S.C. 113) Total Sheets Copies of IDS Information Disclosure 12. X 2 5. Oath or Declaration [ Total Pages Citations Statement (IDS)/PTO-1449 LX. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) 13 Preliminary Amendment a. Return Receipt Postcard (MPEP 503) (for continuation/divisional with Box 18 compléted) 14 (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR Nonpublication Request under 35 U.S.C. 122 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet, See 37 CFR 1.76 17. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment. or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:\_\_ Examiner Group Art Unit. For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS 26033 Customer Number or Bar Code Labei Correspondence address below Name <u>Address</u> State Zip Code City Country Telephone Fax 32102 Thomas C. Saitta Registration No. (Attorney/Agent) Name (Print/Type) 1/25/02 Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-01)
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## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

37

Complete if Known						
Application Number						
Filing Date		<del></del>				
First Named Inventor	Koster					
Examiner Name		*********				
Group Art Unit						
Attorney Docket No.	NOCUED 03					

Check Credit card Money Other None 3. ADDITIONAL FEES  Deposit Account:  Large Entity Small Entity	
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Deposit Fee Fee Fee Fee Fee Description Fe	e Paid
Account Number	
Deposit Account	
Account Name 127 50 227 25 Surcharge - late provisional filing fee or cover sheet	
The Commissioner Is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments  139 130 Non-English specification	
Charge any additional fee(s) during the pendency of this application 147 2,520 For filing a request for ex parte reexamination	
Charge fee(s) indicated below, except for the filing fee 112 920° 112 920° Requesting publication of SIR prior to	
to the above identified deposit account.	
FEE CALCULATION  113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE 115 110 215 55 Extension for reply within first month	
Large Entity   Small Entity   Fee Fee   Fee Fee Fee Pescription   116 400   216 200   Extension for reply within second month	
Code (\$) Code (\$) Fee Paid 11/ 920 21/ 460 Extension for reply within third month	
101 740 201 370 Utility filing fee 370 118 1,440 218 720 Extension for reply within fourth month	
106 330 206 165 Design filing fee 128 1,960 228 980 Extension for reply within fifth month	
107 510 207 255 Plant filing fee 119 320 219 160 Notice of Appeal	
108 740 208 370 Reissue filing fee 120 320 220 160 Filing a brief in support of an appeal	
114 160 214 80 Provisional filing fee 121 280 221 140 Request for oral hearing	
SUBTOTAL (1) (\$) 370 138 1,510 Petition to institute a public use proceeding	
2 FYTRA CLAIM EEES FOR HITH ITY AND DEISCHIE	
Fee from	
Extra Claims below Fee Paid 142 1,280 242 640 Utility issue fee (or reissue)  Total Claims 16 -20** = 0 X = 143 460 243 230 Design issue fee	
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Claims 144 620 244 310 Plant issue fee	
122 130 Petitions to the Commissioner	
Large Entity   Small Entity   123 50 Processing fee under 37 CFR 1.17(q)	
Fee Fee Fee Fee Description 126 180 Submission of Information Disclosure Stmt Code (\$)	
103 18 203 9 Claims in excess of 20 581 40 Recording each patent assignment per property (times number of properties)	}
102 84 202 42 Independent claims in excess of 3 146 740 246 370 Filing a submission after final rejection	
104 280 204 140 Multiple dependent claim, if not paid (37 CFR § 1.129(a))	
109 84 209 42 ** Reissue independent claims over original patent 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20 179 740 279 370 Request for Continued Examination (RCE)	
and over original patent 169 900 Request for expedited examination	
SUBTOTAL (2) (\$) 0 Other fee (specify)	
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0	

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Thomas C. Saitta	Registration No. (Attorney/Agent)	32102	Telephone	904-296-5825	
Signature	Thomas . I Kasta			Date	1/25/02	

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